

Project PREVENT PID 9075

Codebook ▾

Data Dictionary Codebook

12/31/2020 10:54am

▾ Expand all instruments

#	Variable / Field Name	Field Label <i>Field Note</i>	Field Attributes (Field Type, Validation, Choices, Calculations, etc.)				
Instrument: Screening Form (screening_form) Enabled as survey ▾ Expand							
Instrument: Consent Information (consent_information) Enabled as survey ▾ Expand							
Instrument: Contact Information (contact_information) Enabled as survey ▾ Expand							
Instrument: Baseline Enrollment Survey (baseline_enrollment_survey) Enabled as survey ▾ Expand							
Instrument: Follow-up Final Survey Participant (followup_final_survey_participant) Enabled as survey ▾ Expand							
Instrument: Healthcare Utilization/Verification (healthcare_utilizationverification) Enabled as survey ▾ Expand							
Instrument: Medical Record Requests (medical_record_requests) Enabled as survey ▾ Expand							
Instrument: Monthly Check-in For Clinical Trial Participants (monthly_checkin_for_clinical_trial_participants) Enabled as survey ▾ Expand							
Instrument: Testing Verification Form (testing_verification_form) Enabled as survey ▾ Expand							
Instrument: Vaccine Verification Form (vaccine_verification_form) Enabled as survey ▾ Collapse							
485	survey_text_vaccine_form		descriptive Field Annotation: @p1000surveytext{"English": {"surveytitle": "PREVENT - Vaccine Verification", "surveyinstructions": "Please use this form to upload your vaccine records."}, "Español": {"surveytitle": "PREVENT - Verificación de las vacunas", "surveyinstructions": "Utilice este formulario para cargar sus registros de vacunas."}}				
486	vacc_info	Please upload your vaccine information below. If you are uploading the letter from a COVID-19 (SARS-CoV-2) clinical trial, please select 'COVID-19 (SARS-CoV-2)' for the first question whether you were assigned to active vaccine or placebo. For vaccines, we need an official document showing: <ul style="list-style-type: none"> • Your name • Date administered • Vaccine type (COVID, influenza) • Manufacturer (and lot number, if available) 	descriptive				
487	vactype	Which vaccine type are you verifying? <i>vv4897_eipvaxform</i>	radio, Required <table border="1" style="width: 100%;"> <tr> <td style="width: 20px; text-align: center;">1</td> <td>COVID-19 (SARS-CoV-2)</td> </tr> <tr> <td style="width: 20px; text-align: center;">2</td> <td>Influenza</td> </tr> </table> Custom alignment: LV	1	COVID-19 (SARS-CoV-2)	2	Influenza
1	COVID-19 (SARS-CoV-2)						
2	Influenza						

488	vaccupload_verify	Please upload a copy of the corresponding vaccine record. You may only upload one file per form. This may be uploaded as a photo or PDF. <i>vv2257</i>	file Custom alignment: LV												
489	newvaccine	Do you have another vaccination to report? <i>vv1978</i>	yesno, Required <table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table> Custom alignment: LV	1	Yes	0	No								
1	Yes														
0	No														
490	vv_site	Site Vaccination Verification Form <i>vv2490</i>	descriptive, Required Field Annotation: @HIDDEN-SURVEY												
491	vac_instruc	This form is used to verify the results of any vaccines reported. Please request records to confirm each vaccine, and all other vaccines in the records from health care providers. At a minimum, each individual should have the following sources queried:1. Employee health/occupational health clinic2. Institutional vaccination records3. State vaccine administration system/registry/VAMS4. Any self-identified health care providers, clinics, or hospitals that the participant recalls providing vaccination5. Any self-identified health care providers, clinics, or hospitals that provided care during the study periodWe want to capture all of the following vaccinations:1. COVID-19 vaccinations (all doses)2. Influenza vaccinations (all doses after September 1, 2020)If you have a bulk download of vaccine data from your medical center which are confirmed to be accurate, you may complete this form without other source document verification. Bulk download files must remain in permanent storage . Patient report alone is insufficient for vaccine verification. Please complete a different form for each vaccine dose. <i>vv2490</i>	descriptive, Required Field Annotation: @HIDDEN-SURVEY												
492	vacform_who	Who is completing this form? <i>vv2490</i>	text, Required Custom alignment: LV Field Annotation: @HIDDEN-SURVEY												
493	ct_vacc_status Show the field ONLY if: ([baseline_arm_1][clintrial_arm] = "3")	What is this clinical trial participants vaccination status? <i>vv9999</i>	radio <table border="1"> <tr> <td>1</td> <td>Vaccine</td> </tr> <tr> <td>0</td> <td>Placebo</td> </tr> </table> Field Annotation: @HIDDEN-SURVEY	1	Vaccine	0	Placebo								
1	Vaccine														
0	Placebo														
494	vacdt Show the field ONLY if: [ct_vacc_status]<"0"	Please enter the date of this vaccination. <i>vv4979</i>	text (date_mdy, Min: 2020-09-01), Required Custom alignment: LV Field Annotation: @NOTFUTURE @HIDEBUTTON @HIDDEN-SURVEY												
495	vacsource	What was the source of verification? <i>vv4406</i>	radio, Required <table border="1"> <tr> <td>1</td> <td>Employer bulk query</td> </tr> <tr> <td>2</td> <td>Employer individual source document (vaccination records)</td> </tr> <tr> <td>3</td> <td>State vaccine administration system/registry/VAMS</td> </tr> <tr> <td>4</td> <td>Non-employer health care provider (medical records)</td> </tr> <tr> <td>5</td> <td>Participant-provided records</td> </tr> <tr> <td>6</td> <td>Vaccine trial record</td> </tr> </table> Custom alignment: LV Field Annotation: @HIDDEN-SURVEY	1	Employer bulk query	2	Employer individual source document (vaccination records)	3	State vaccine administration system/registry/VAMS	4	Non-employer health care provider (medical records)	5	Participant-provided records	6	Vaccine trial record
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6	Vaccine trial record														
496	verifyvacc	Was this vaccine (or placebo) able to be verified? <i>w3772</i>	yesno, Required <table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table> Custom alignment: LV Field Annotation: @HIDDEN-SURVEY	1	Yes	0	No								
1	Yes														
0	No														

497	vac_covid19_man Show the field ONLY if: [vactype] = "1" AND [ct_vacc_s tatus]<>"0"	What was the manufacturer? <i>w3662</i>	radio, Required <table border="1"> <tr><td>1</td><td>AstraZeneca</td></tr> <tr><td>3</td><td>Moderna</td></tr> <tr><td>4</td><td>Pfizer/BioNTech</td></tr> <tr><td>2</td><td>Other {vac_covid19_manoth_v2}</td></tr> </table> Custom alignment: LV Field Annotation: @HIDDEN-SURVEY	1	AstraZeneca	3	Moderna	4	Pfizer/BioNTech	2	Other {vac_covid19_manoth_v2}														
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498	vac_covid19_manoth Show the field ONLY if: [vac_covid19_man] = "2"	Which one? <i>w2613</i>	text, Required Field Annotation: @HIDDEN-SURVEY																						
499	vac_covid19_lot Show the field ONLY if: [vactype] = "1" and [ct_vacc_st atus]<>"0"	What was the lot number? <i>w3723</i>	text Custom alignment: LV Field Annotation: @HIDDEN-SURVEY																						
500	vac_flu Show the field ONLY if: [vactype] = "2"	What type of influenza vaccine was given? <i>w3818</i>	radio, Required <table border="1"> <tr><td>1</td><td>Trivalent</td></tr> <tr><td>2</td><td>Quadrivalent</td></tr> <tr><td>3</td><td>Other {vac_flu_oth}</td></tr> </table> Custom alignment: LV Field Annotation: @HIDDEN-SURVEY	1	Trivalent	2	Quadrivalent	3	Other {vac_flu_oth}																
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501	vac_flu_oth Show the field ONLY if: [vac_flu_oth] = "3"	Which one? <i>w4229</i>	text, Required Field Annotation: @HIDDEN-SURVEY																						
502	vac_flu_man Show the field ONLY if: [vactype] = "2"	What was the manufacturer ? <i>w1426</i>	dropdown, Required <table border="1"> <tr><td>1</td><td>Afluria Quadrivalent (Seqirus)</td></tr> <tr><td>2</td><td>Fluarix Quadrivalent (GlaxoSmithKline)</td></tr> <tr><td>3</td><td>FluLaval Quadrivalent (GlaxoSmithKline)</td></tr> <tr><td>4</td><td>Fluzone Quadrivalent (Sanofi Pasteur)</td></tr> <tr><td>5</td><td>Flucelvax Quadrivalent (Seqirus)</td></tr> <tr><td>6</td><td>Fluzone High-Dose Quadrivalent (Sanofi Pasteur)</td></tr> <tr><td>7</td><td>Fluad Quadrivalent (Seqirus)</td></tr> <tr><td>8</td><td>Fluad(Seqirus)</td></tr> <tr><td>9</td><td>Flublok Quadrivalent (Sanofi Pasteur)</td></tr> <tr><td>10</td><td>FluMist Quadrivalent (AstraZeneca)</td></tr> <tr><td>11</td><td>Unknown</td></tr> </table> Custom alignment: LV Field Annotation: @HIDDEN-SURVEY	1	Afluria Quadrivalent (Seqirus)	2	Fluarix Quadrivalent (GlaxoSmithKline)	3	FluLaval Quadrivalent (GlaxoSmithKline)	4	Fluzone Quadrivalent (Sanofi Pasteur)	5	Flucelvax Quadrivalent (Seqirus)	6	Fluzone High-Dose Quadrivalent (Sanofi Pasteur)	7	Fluad Quadrivalent (Seqirus)	8	Fluad(Seqirus)	9	Flublok Quadrivalent (Sanofi Pasteur)	10	FluMist Quadrivalent (AstraZeneca)	11	Unknown
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11	Unknown																								
503	vac_flu_lot Show the field ONLY if: [vactype] = "2"	What was the lot number? <i>w3869</i>	text Custom alignment: LV Field Annotation: @HIDDEN-SURVEY																						
504	vaccine_verification_form_co mplete	Section Header: <i>Form Status</i> Complete?	dropdown <table border="1"> <tr><td>0</td><td>Incomplete</td></tr> <tr><td>1</td><td>Unverified</td></tr> <tr><td>2</td><td>Complete</td></tr> </table>	0	Incomplete	1	Unverified	2	Complete																
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1	Unverified																								
2	Complete																								

Instrument: Verbal consent and LAR Documentation (verbal_consent_and_lar_documentation) Expand
Instrument: Medical Record Release Form (medical_record_release_form) Expand
Instrument: Project Completion Tracking (project_completion_tracking) Expand

Instrument: Compensation (compensation)	<input type="button" value="Expand"/>
Instrument: Facility Form Weekly (facility_form_weekly)	<input type="button" value="Expand"/>